



Listening into Action










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Breaking paradigms, creating ambition, raising the bar



It's about...

What is Listening into Action (LiA)?

- Our mission  A new way of working that mobilises staff around better patient care
- Setting up our Sponsor Group  Not an 'initiative' - a *fundamental shift* in the way we work
- Getting people on board  Enabling our teams to make improvements from the 'inside-out'
- A powerful case for change  Giving 'permission to act' and simple processes to help
- Leading our LiA Conversation  Cutting out non value-add activity and unblocking the way
- Moving into action  Working together to do our best for patients
- Keeping it moving  Feeling valued, engaged, proud

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www.listeningintoaction.co.uk

42 Listening into Action (LiA)® Trusts since May 2012. 10, including ULH are Year 2 Beacon Trusts

Big Conversations

11 'Big Conversations' listening to the views, ideas and thoughts of over 700 staff members.

Focussed discussions for BME staff and for bands 1-4 in hotel services and estates

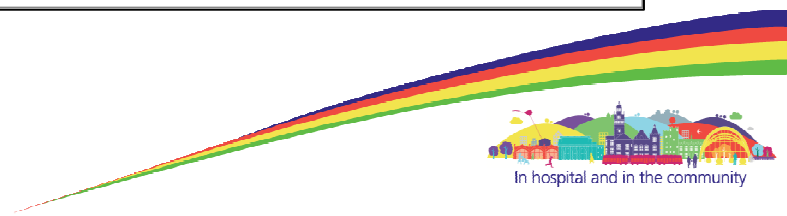
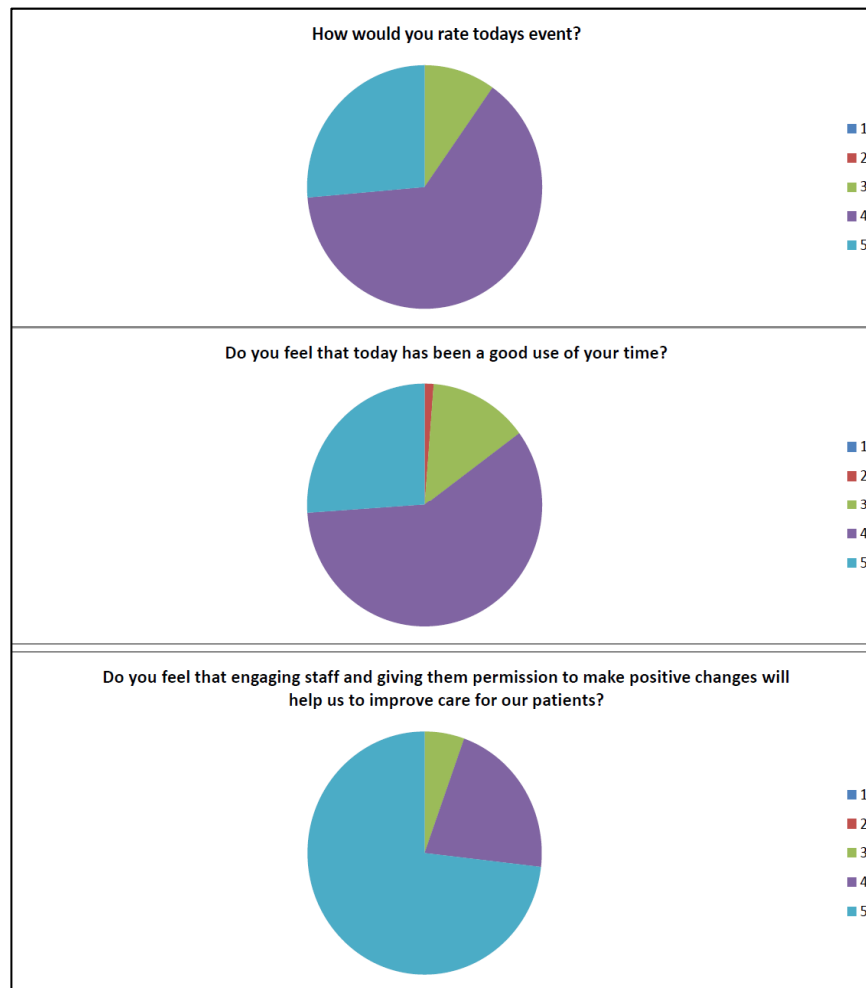
3 simple questions, lots of discussion between colleagues

220 people wanting to get involved

Hundreds of suggestions for change



Big Conversations Feedback





Being able to do our jobs to the best of our ability

- Trust us to do what we are trained to do
- Release the stranglehold
- Move from hierarchy to team decision making
- More involvement, listening, transparency
- Act when informed
- Work to your level
- Allow managed risk taking
- Time to think, learn, improve

Feeling valued

- A true voice for staff
- Managers working with us
- Visibility of all managers
- Make it personal
- More face to face: briefings, discussions
- Make everyone count
- Praise good work

Being efficient

- Make IT work and systems connect
- Delegate delegate delegate
- Videoconferencing
- Reduce site to site travel
- Too much paperwork
- Stop faxing
- Not training staff = inefficiency
- Comms – target it and make it meaningful
- Wasted time parking and travelling

Making it better for our patients

- Put patients at the Centre of our planning, our thinking, policies, procurement
- Create a more flexible system that is able to respond best to patient needs
- Eliminate unnecessary repeat visits: make every visit count
- Talk and listen more to the patient
- Plan discharge on admission
- Allow managed risk taking
- Make 'my name is' REALLY happen
- Patient transport doesn't revolve around patient need
- Synergy doesn't work

Get the staffing right

- Let us get involved in getting staffing right
- Plan the skills better
- More support staff for clinical staff = better efficiency
- Stop relying on agency/bank/consultants and contractors
- Lets have proactive staffing plans
- Speed up recruitment
- Low staffing impacts on training

Be Proud

- We are excellent at so many things yet this is not what we talk about
- Lets be positive
- Wear proud on our sleeves
- Find ways of using success to generate success
- Do more to publicise our success

Being better connected

- Engagement between MDT's
- Integrate clinical and managerial teams
- Find ways of bringing front line and support staff together
- The STH Way and the STH team

Just Do It

| Use of commodes behind bed screens | Car parking for bereaved relatives |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Produce inclusion DVD for staff induction | DVD on 'how to get involved and why' for induction – focussing on LIA and Microsystems |
| Email etiquette reminder to staff (to reduce unnecessary emails/cc all where relevant) | Reduce generic corporate emails through changes to intranet |
| Using existing budget to enable sisters credit card/spend on essential items | Hot desks on each site |
| Pillows availability in theatres | Clear up the Clutter: addressing top eyesore across sites |
| Put reception numbers on intranet | Protocol on wheelchairs in WPH entrance |
| Ensure all relevant areas have 'all about me' dementia booklets | <i>Audit safety and operation of all wheelchairs</i> |
| Protected face to face time with line managers and their staff | Protected face to face time for line managers to meet with their team as a whole |
| Inventory of second hand equipment that can be put back into use | Excellent attendance letters to staff |
| Electronic 'thank you' cards from line managers as part of 'recognise me' | Develop a T3 information point for questions and ideas |
| IT drop in sessions for agency set up on systems | Match histology opening times with demand |
| Business cases MDT working | |

Phase 1 LIA Schemes

Front Line Schemes

'Home for Lunch' team focussing on TTO's

Patient transport

Medical Outpatients 1 NGH

Reducing bureaucracy

Bladder cancer pathway

Site navigation (and signage)

7 day working in radiology

Patient safety zone – blood labelling

Improving things for patients and staff in GUM

Cancelled Operations

Enabling our People Schemes

Communications and working efficiently in ophthalmology

Diversity and Inclusion

Health and Wellbeing

Team working – valuing and engaging all staff

Train as a team – Theatres



7 Steps to a New Way of Working

1 Teams of doctors, nurses , AHP's and managers working together

2 Developing the mission

3 Making a powerful case for change

4 Setting up the scheme sponsor group

5 Getting people on board

6 Conversations with staff, patients, stakeholders

7 Move into action



The LiA Principles

1. Don't harm patients or staff
2. Don't spend money we haven't got
3. Don't damage the reputation of the trust
4. Work in a multi-disciplinary way



Key Dates

- Launch Events 13th and 16th March
- Pass It On 30th July